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<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818)</p> <h2>FEE TRANSMITTAL</h2> <h3>For FY 2005</h3>		<b>Complete if Known</b>	
		Application Number	09/520,161
		Filing Date	March 7, 2000
		First Named Inventor	Tadashi TAKAHASHI
		Examiner Name	D. Tran
<input type="checkbox"/> Applicant claims small entity status. See 37 C.F.R. 1.27		Art Unit	2624
<b>TOTAL AMOUNT OF PAYMENT</b> (\$)		Attorney Docket No.	00862.021859.

**METHOD OF PAYMENT** (check all that apply)

☐ Check    ☐ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account    Deposit Account Number: **06-1205**    Deposit Account Name: **Fitzpatrick, Cella, Harper & Scinto**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17    ☒ Credit any overpayments

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**    **Multiple Dependent Claims**    **Fee (\$)**    **Fee Paid (\$)**

9 - 20 or HP = 0 x 0 = 0    Fee (\$)    Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

**Indep. Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**

1 - 4 or HP = 0 x 0 = 0    Fee (\$)    Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**    **Fees Paid (\$)**

Non-English Specification,    \$130 fee (no small entity discount)    \_\_\_\_\_

Other: \_\_\_\_\_    \_\_\_\_\_

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	36,570	Telephone	202-530-1010
Name (Print/Type)	Brian L. Klock				Date: May 9, 2005

00862.021859



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)	
	:	Examiner: D. Tran
Tadashi TAKAHASHI	)	
	:	Group Art Unit: 2624
Application No.: 09/520,161	)	
	:	
Filed: March 7, 2000	)	
	:	
For: QUERYING OF COPYRIGHT HOST,	)	May 9, 2005
PRINTING OF COPYRIGHT	:	(Monday)
INFORMATION AND HOST	)	
REGISTRATION OR COPYRIGHT	:	
DATA	)	

**Mail Stop: Amendment**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated February 7, 2005, please amend the application as follows: